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**Ulster unveils
first strategy
for pharmacy**

**Minister sets
March 1 for
contract latest**

**Dorset sets out
frameworks for
a new contract**

**Suncare: facts,
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This

N Ireland launches pharmacy strategy 4

Northern Ireland has set out its first ever pharmacy strategy detailing how community pharmacy can tackle major health and medicine issues in nearly 40 key action points for 2004

Wide-ranging roles sought in Dorset plan 5

A five-year strategy that Dorset LPC has put to its strategic health authority includes proposed frameworks for managing hypertension, coronary heart disease, anticoagulation and diabetes mellitus in the community

Pharmacies in LIFT sites may face pressure 6

Pharmacists are warned that if remuneration under the new pharmacy contract is more dependent on service provision, pharmacies in LIFT schemes could face financial pressure

GSK pays out £100m in Relafen case 9

GlaxoSmithKline is to pay out a £100 million settlement in a lawsuit by wholesalers who claimed it fraudulently obtained a patent and blocked a cheaper rival drug from coming to market for three years



Hadley escapes blaze 10

Hadley Healthcare Solutions escaped undamaged by a blaze which ripped through a neighbouring unoccupied winebar although staff had temporarily to work from home or use mobile telephones

Pharmacy

Malignant melanoma 19

Dr Mike Wyndham looks at the most dangerous of skin cancers



16

Features

Getting stuck in the LIFT 16

Gary Paragpuri reports on a second Local Finance Initiative Trust project, this time in Yorkshire

Screen test 29

Adrienne de Mont investigates the sunscreen market

Regulars

Question Time 6

Letters 12

Opinion/letters 14

Xrayser 15

Medical Matters 24

Marketwatch 26

Classified 34

Back Issues 38



N Ireland launches pharmacy strategy

by Gary Paraguri

gparaguri@cmpinformation.com

The future development of community pharmacy in Northern Ireland has been set out in the province's first ever pharmacy strategy.

Making it better - A Strategy for Pharmacy in the Community highlights how community pharmacy can: tackle public health issues; make better use of medicines; promote seamless care between primary and secondary sectors; and provide quality services within a clinical and social care governance framework.

The strategy is based on a pharmacy consultation launched last year by the Department of Health, Social Services and Public Safety. It puts forward nearly 40 key action points for 2004 and a further 25 for 2005.

These include (see box): a new pharmacy contract based on service provision rather than prescription volume; proposals for supplementary prescribing and repeat dispensing; and a minor ailments scheme that allows pharmacists to supply medicines on the health service.

Launching the strategy at PSNI headquarters on Monday, health minister Angela Smith said



her department was committed to improving pharmacy standards and quality. She welcomed the strategy's proposed repeat dispensing scheme, the wider accessibility of pharmacy services, and the use of IT to modernise medicines supply. She added that, as part of the new pharmacy contract, the DHSSPS proposed to reward high quality services and "not just volume".

NI chief pharmacist Dr Norman Morrow said the evidence-based strategy balanced pharmacy's aspirations with "practical reality". He added that the strategy was "not self-serving", as the central focus had to remain on patients.

PSNI president Dr Kate

Key action points

- Setting up a 'health promoting pharmacy' accreditation scheme.
- Involving community pharmacy in all future health promotion campaigns.
- Developing an evidenced-based model for pharmacy-based smoking cessation services.
- Developing a model to allow community pharmacists to provide prescribing support to GPs and nurses.
- Beginning roll-out of repeat dispensing arrangements in 2004.
- Developing a model in 2004 (for implementation in 2005) for pharmacists to supply medicines on the health service for treating common ailments.
- Starting pharmacist

supplementary prescribing in 2004.

● Developing a professional regulatory framework to support mandatory CPD by 2005.

● Developing a new pharmacy contract (with implementation in 2005) based on rewarding quality services rather than prescription volume.

● Piloting a model for health surveillance through community pharmacies in 2005.

● Investigating how pharmacy PMRs can be developed as part of a shared electronic record.

● Developing incentives for employee pharmacists involved in service delivery by 2005.

For more information:

www.dhsspsni.gov.uk

McClelland said the "forward thinking initiative" mapped a vision for pharmacy that the profession would welcome. She highlighted the role of community pharmacists as commissioners of health services, and added: "Primary care is the hidden side of the NHS. It rarely delivers news headlines; we hardly use treatments that make the professionals look clever; but, at

its finest, provides the quality of life care that is essential to the health of communities."

PCC chairman Sheelin McKeagney said the strategy was consistent with "many of the aspirations" held by the profession. "The strategy will ensure that the high street pharmacist will become the location for front-line primary care services in the future."

Minister to make contract statement on March 1

Health minister Rosie Winterton will make a statement on the new pharmacy contract and the reform of the control of entry issues on March 1.

Addressing a dinner at the RPSGB last week, she said the speech at the Society was not the time to cover big issues, but these would be addressed "in a major speech" at the PSNC dinner in March. She said she wanted to get the best framework for community pharmacy, adding: "We certainly remain committed to ensuring access to improved pharmacy services, extending

patient choice and promoting the professional role of pharmacists."

The minister referred to the current shortage of pharmacists, saying the medium term prospects were good, especially with the new schools of pharmacy coming on line.

The minister also said she would like to see an expansion of supplementary prescribing. "Officials are already working on independent prescribing and will shortly seek views of the Society and other stakeholders, to see how we can take this further," she added.

PHARMACY

PCTs back pharmacists after knife attacks

Seven PCT chief executives have written to contractors in North East London to offer their support following a spate of robberies and knife attacks.

In a joint letter with North East London LPC, they expressed the PCTs' commitment to pharmacy and recommended:

- setting up 'fast fax' links between pharmacists and local police stations to elicit prompt police responses
- extending 'zero tolerance' campaigns from hospitals and GP surgeries to community pharmacies

● funding to improve security

● making training available for pharmacists and their staff on dealing with aggressive and potentially violent patients.

NEL LPC secretary Hem Patel said: "We are achieving an outcome from a dialogue that followed some very scary incidents in our pharmacies. The chief executives felt that it is an opportunity to help and improve communications so that we take better care of our pharmacy teams. Their goodwill extends beyond security and includes service planning."



Which? reaction

Health minister Rosie Winterton and the chief pharmacists of Great Britain are supporting the profession following the *Which?* report's criticism of pharmacy services (*C&D*, February 7, p4).

Addressing last week's RPSGB Council dinner, the minister said: "The visits I have made to pharmacy and the meetings with pharmacists and meetings with people like [RPSGB president] Gill Hawksworth always impress on me the potential there is to take forward the ideas we have."

She added that with six million people visiting pharmacy every day, "we know there's a great deal of public confidence in pharmacy". Although pleased the Society was going to investigate the claims made in the report, she added: "Make no mistake, we have a great deal of confidence in the services provided ... the programme of CPD is being extended to all pharmacist by the end of the year and this will be another important step in ensuring all pharmacists' skills and knowledge are up to date."

A joint letter from the chief pharmacists, Jim Smith for England, Bill Scott for Scotland and Carwen Wynne-Howells was published in last Saturday's *Guardian*. "It would be unwise to use this small survey to make sweeping assumptions about professional standards in the 11,000 pharmacies in Great Britain," they wrote.

Wide-ranging roles sought in Dorset five-year plan

by Adrienne de Mont

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Dorset pharmacists have proposed frameworks for managing hypertension, coronary heart disease, anticoagulation and diabetes mellitus in the community.

These form part of a five-year strategy that Dorset LPC has put its strategic health authority and primary care trusts so that, as soon as the new national contract is agreed, negotiations can start on delivery of local services.

The strategy proposes expanding roles in dispensing and medicines supply, management of chronic illness under protocol, complementary and primary prescribing, and public health. Under the suggested

hypertension framework, community pharmacists would supply newly diagnosed patients with ambulatory blood pressure monitors for 24 or 48 hours. The pharmacist would interpret the readings and prescribe from a formulary if necessary, under a protocol involving the GP.

Patients with established hypertension would be referred to the pharmacist with a target blood pressure and monitored in the pharmacy at agreed intervals.

Under the CHD management framework, pharmacists would carry out lipid profiles and liver function tests for post-myocardial infarction patients prescribed statins, as well as monitoring blood pressure. GPs would also be able to refer patients with high lifestyle risk of CHD to

pharmacies for testing.

The frameworks would be developed by working parties consisting of a hospital consultant and GP with interest in the specific disease area, a pharmacist nominated by Dorset LPC and a PCT representative.

Although pharmacists are expected to play an expanding role in supplementary prescribing, Dorset LPC believes few will have time to go on the courses already in place, so PCTs should develop alternative courses to suit local needs.

The strategy also suggests that community pharmacies should be the provider of choice for health information, with pharmacists prepared to give education on lifestyle and medicines in schools.

PSNC rejects second global sum offer

PSNC has rejected a second remuneration offer from the Department of Health.

The Committee discussed the offer last month and wrote to the DoH explaining why it was unsatisfactory. A response was expected in time for this week's PSNC meeting but no further details were available as *C&D* went to press.

As the offer relates to the global sum for 2003-04, any changes can only be implemented in March, the last month of the financial year.

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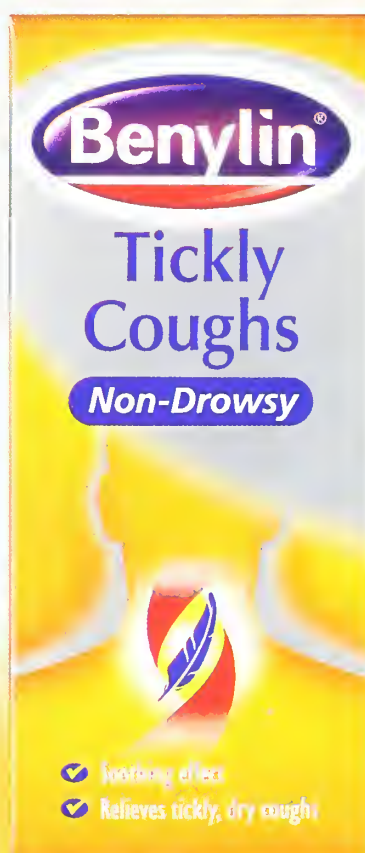
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Pfizer Consumer Health

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INDUSTRY

GSK pays out £100m in Relafen anti-trust case

by **Sasa Janković**

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axoSmithKline has agreed to settle a US anti-trust case involving the nonsteroidal anti-inflammatory product Relafen. GSK will pay a £100 million settlement of a class action lawsuit brought on behalf of wholesalers who claimed it fraudulently obtained a patent and blocked cheaper rival drug from

coming to market for three years. GSK continues to claim that its actions were appropriate in obtaining and enforcing its patent for Relafen.

Similar actions from other plaintiffs, including claims made by Teva and Eon Labs, two manufacturers of generic Relafen, have also been settled, resulting in further payments from GSK.

There remains outstanding a claim from a class of indirect

purchasers, including consumers, which is scheduled for trial in June 2004.

The company's financial results for Q4 2003 will include a charge of approximately £220m, including provisions for both the settled and outstanding Relafen cases, which will adversely affect the company's earnings per share in the fourth quarter.

For more information:

www.gsk.com

EDUCATION

AAH and NCC support Medway school

AAH Pharmaceuticals and National Co-operative Chemists have donated computer hardware, stock and personnel to the new Medway School of Pharmacy, which opens in September. AAH has provided a LINK computerised dispensing system to the school, while NCC is sponsoring one of its managers, Helen Boniface, to attend the school on a one-day-a-week basis as a teacher/practitioner. NCC will be donating stock to the school. NCC also helped with the design of the dispensing laboratory and customer service counter at the school, which is based at the University of Greenwich.



AAH and NCC support Medway School of Pharmacy. From left: Helen Boniface, AAH manager, and NCC manager, and a student.

RETAILING

Eight million have chip & PIN cards

Eight million people have received new chip and PIN cards and 100,000 businesses are switching over to chip and PIN since its launch in October.

By the beginning of 2004, the rollout, which has completed its first year, was accepting an average of 100,000 successful chip and PIN transactions a week.

Sandra Quinn, chip and PIN spokesperson, said: "We are pleased with the first weeks of the chip and PIN rollout. Cardholders and retailers across the UK are starting to benefit from this new fraud-busting technology."

Trefor Williams retires from the NPA

Trefor Williams has taken early retirement from the NPA and his position as head of business support.

NPA spokeswoman Geraldine Clark says there are no plans as yet to replace Mr Williams, who had worked at the Association for 11 years.

However, Raina Jordan will join from Nucare at the end of February as business development manager, dealing with commercial rather than sales issues.

The NPA has also said goodbye



to Georgina Craig, head of its NHS services department, who has joined the CCA as head of communications.

Aventis continues Sanofi battle

The battle between Aventis and Sanofi-Synthelabo continues after Sanofi launched a £33 billion hostile bid for its Franco-German rival last month (*C&D*, January 31, p12).

Announcing a decline in sales of 4.5 per cent to £11bn for Aventis's full year results, its chairman Igor Landau said: "I can understand why Sanofi needs us, but why should Aventis need Sanofi?"

Sanofi's controlling shareholders, Total and L'Oréal, have backed the bid in a signed document filed with the French market watchdog.

This effectively blocks a third party from breaking up the deal by making an offer and then withdrawing it.

Government backs support for small businesses

The Government has endorsed a new package of practical support for businesses in an *Action Plan for Small Business*.

The plan includes proposals for common commencement dates for regulations affecting businesses and could involve setting common annual dates for the introduction of new health and safety, consumer safety, and other regulations.

Martin Wyn Griffith, chief executive of the Government's Small Business Service, said: "People who run small businesses are telling us that common commencement dates, especially when coupled with advance notice and guidance, would offer them a greater degree of certainty, help them to plan and budget, and reduce their costs."

Businesses would know that they only have to deal with regulatory changes at fixed predictable points in the year."

For more information:

www.gnn.gov.uk

Hadley escapes blaze



Hadley Healthcare Solutions's Malvern premises escaped unscathed after a serious fire at an adjacent unoccupied winebar.

Although the only damage to Hadley's offices was caused by firefighters knocking the door down to gain access to the fire, police officers would not allow staff to enter the building. The company made arrangements for

customers to be supported by staff working from home and on mobile telephones to supplement the reduced number of landlines.

Director Mike Hadley said he was confident the company had minimised inconvenience to customers and that the development and data departments would be back to normal within days.

Reckitt's revenues show strong growth

Food to healthcare manufacturer Reckitt Benckiser has reported net revenues for the fourth quarter up 8 per cent to £953 million and growing 7 per cent to £3,713m for the full year.

Operating profit increased by 25 per cent in Q4 to £227m and by 18 per cent for the full year to £679m.

Its health and personal care division saw full year net revenues rise 17 per cent to £539m. The main growth drivers were depilatories, antiseptics and healthcare. Depilatories grew on the back of the success of Veet Express roll-on and Wax Strips for sensitive skin, and Dettol antiseptic performed well.

The healthcare business performed strongly, with growth in Gaviscon in the UK and

Continental Europe, and the initial success of Suboxone in North America.

Chief executive Bart Beecht said: "Reckitt Benckiser did well in 2003. Particularly pleasing was the rate of net revenue growth, which was one of the strongest since the merger in 1999.

"Margins and profits also continued to advance at a healthy pace. Growth was broad-based. Western Europe continued its strong growth of the last few years, while North America and developing markets growth picked up as the year progressed.

"For 2004 we are looking to continue our strong organic growth. Our ongoing targets are for net revenue growth of 5 per cent plus and low double digit net income."

Brand focus

Promotion

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and selected health food stores. Please call **HealthAid** on **020 8426 3400** for purchase and stockist information or visit www.healthaid.co.uk.

HealthAid

INDUSTRY

Dermapharm bought by Alliance Pharma

Alliance Pharma has bought Dermapharm Ltd and four of its dermatology brands for £875,000, wholly funded by bank debt from Bank of Scotland.

Dermapharm is a privately owned pharmaceuticals company run by Tim Lovett specialising in dermatological products.

The four brands are Occlusal, used in primary care as a treatment for warts and Meted, Pentrax and Acnival which are

specialist dermatology products for scalp conditions and acne. They will be integrated into Alliance's existing range, bringing the number of branded products in its portfolio to 27.

The deal gives Alliance the marketing, distribution and IP rights to the four brands but excludes infrastructure, other brands, other assets and staff. These which will be divested into Dermapharm Skincare Ltd.

INDUSTRY

Janssen settles drug case

Johnson & Johnson subsidiary Janssen Pharmaceutica Products has agreed to settle £49 million worth of lawsuits which alleged that its Propulsid cisapride anti-ulcerant caused heart problems.

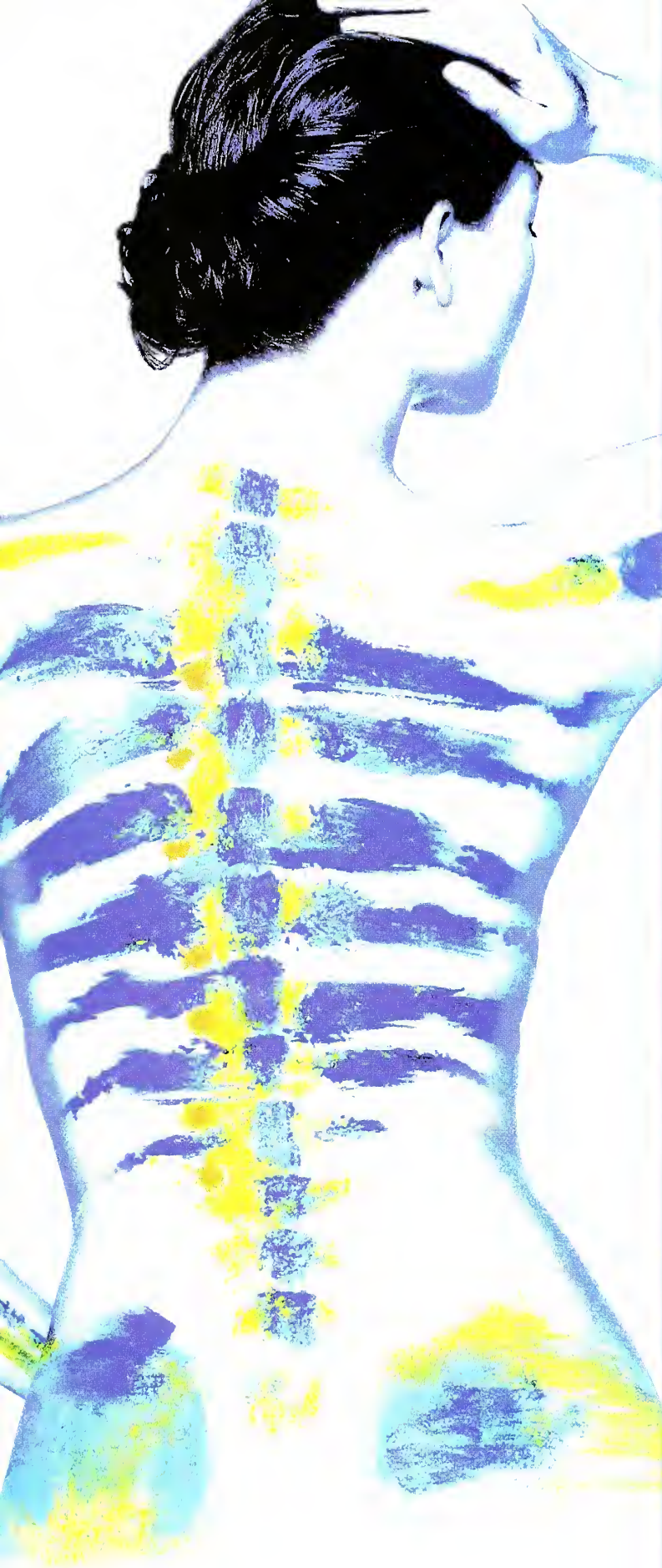
In addition, Anti Munchausen's Syndrome By Proxy campaigners claim the drug caused side effects in children which doctors misdiagnosed as parental abuse.

J&J says the case involves around 4,000 individuals, of

whom approximately 300 are alleged to have died from use of the drug. In addition, 12,000 individuals who have not filed lawsuits must also agree to participate in the settlement before it will become effective.

Janssen will also establish an administrative fund of £8m, and will pay legal fees up to £12m, subject to court approval.

For more information:
www.jnj.com



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Minister supports reform

Health minister Rosie Winterton has indicated her support for the changes to the Royal Pharmaceutical Society's regulatory mechanisms, currently before the Privy Council.

Ms Winterton said last week that the Society already encompassed many elements of modern professional regulation. She supported the Society's efforts to ensure greater transparency, accountability and public involvement in the process.

Saying she was aware of the

debates in pharmacy, she added: "I want to state again that our vision is of a strengthened Royal Pharmaceutical Society, which continues to operate at arm's length from government. I am sure the reforms you have in place will enhance your ability to provide strong, independent leadership and advocacy for the profession as a whole. I look forward to progress on this in 2004."

Ms Winterton was principal guest at the RPSGB Council dinner last Tuesday.

Pharmacist backed after EHC supply refusal

by **Asha Fowells**

afowells@cmpinformation.com

A pharmacist who refused to sell the 'morning-after pill' because of his religious beliefs has been backed by his employer and his professional body.

Following a report in the *Stockport Express* that the pharmacist failed to both supply EHC and advise the patient on alternative pharmacies that would offer the service, Asda and the Royal Pharmaceutical Society have backed his actions.

Asda spokesman Dominic Burch said: "The original piece in the *Stockport Express* was factually incorrect and a serious misrepresentation of the facts. The pharmacist is Christian, not Muslim as the paper stated, and he did direct the patient to an alternative pharmacy – in fact he offered to call two local pharmacies on her

behalf but she refused the offer."

Asda said that CCTV footage showed that advice was given.

"The paper also failed to mention that the patient works for them as an office administrator, and the complaint lodged with the store was written on the newspaper's headed notepaper. Asda pharmacies ... adhere to the code of ethics as laid down by the Pharmaceutical Society," Mr Burch added.

An RPSGB spokesman said: "Our position on this issue is stated clearly in the *Medicines, Ethics and Practice Guide*.

"This states that where a pharmacist's religious beliefs prevent them from providing a service, they must advise patients of alternative sources for the service requested.

"It would appear that the pharmacist was operating within the bounds of the code of ethics and standards."

Yourviews

Save Our Society: we had no alternative but to take court action

Not everyone is happy with the legal action being taken against members of the Royal Pharmaceutical Society's Council. But I think it is a fair bet that if it had not been taken, pharmacy would by now have woken up one morning with a new Charter that it did not want: one that turned the Society into a regulatory body where members' interests came a very poor second.

We can't be certain of course. Maybe all the letters to the Privy Council opposing the Council's petition for a new Charter would have been enough to have the document sent back for reconsideration. But that was a chance that the Save Our Society campaigners did not want to take. They wanted the document sent back and they had to make sure that this happened.

All the signs were that the modernisers and their allies at the Department of Health were determined to have their way. Nothing had stopped them so far.

All criticism has been brushed aside. The Privy Council (for which read the DoH) could easily grant the Charter. Game, set and match to the modernisers. Court action was the only thing guaranteed to have the effect of bringing a stay of execution. So court action it had to be.

Who to take action against? Could it be the RPSGB Council as a whole? Our lawyers advised not – the Council is not a legal person and so can't be the object of an action. Could the Society be the target? Well, the Society itself is not seeking the new Charter; it is just two thirds of the Council. And the members hadn't been asked if they liked the new wording anyway. So, who was it to be? The only option was to take action against the petitioners, that is, the 16 Council members who had voted in favour of the final content of the draft new Charter and had gone on to vote to petition the Privy Council that it be granted.

There is, by the way, nothing vindictive about any of this. No one is seeking revenge. What the claimants in the case want is a declaration that the 16 Council members are not acting within their powers in seeking a new Charter. They also want the withdrawal of the petition to the Privy Council. They are not seeking damages – just costs should they be successful.

Council members have indemnity insurance arranged by the Society, so any talk about them being bankrupted by the process is well wide of the mark. It is the SOS campaigners who are more at risk financially, since they have to finance legal proceedings from their own pockets and from the appeal to members.

Why then are the SOS campaigners doing all this? There is nothing in it for them personally. Why are they bothering? Well, they want to see the Society continue to be a representative body for

pharmacists. They want to see fully preserved the chartered object of "to maintain the honour and safeguard and promote the interests of the members in the exercise of the profession of pharmacy". They don't want so wishy-washy wording that talks about promoting the effectiveness of the profession.

They want a two-body approach to the Society's business, with a special board set up within the Society to deal with the regulatory agenda. They also want restoration of the rights of members, which have been greatly watered down in the proposed Charter. But above all they want the members to say that they are happy with any draft new Charter that is put before the Queen; something that the petitioners have signally failed to do.

Graham Phillips, St Albans, and on behalf of Hassan Argomandkhal, Mike Williams, and Mark Koziol.
More letters on p14.

4head makes headline news!

We've tried 4head and it immediately cools your head then amazingly seems to get rid of headaches."

DAILY Mirror

"my headaches disappear within fifteen minutes. I keep one in my bag and one on my desk"

"...it brings relief, often within 15 minutes"

Bella

marie claire

"The handy twisty stick is perfect to slip into a handbag - ..."

Slimmer



levomenthol

4head - everyone is talking about it!

Last week's question was: In light of the *Which?* report, would you support the RPSGB inspectorate introducing 'mystery shoppers' to help improve standards in community pharmacies?

"Yes. It keeps everyone on their toes"

Alastair O'Neill, Belfast

"The RPSGB would have to pick their questions very carefully"

Anon, Reigate

"Pharmacists would concentrate more if they thought the person they were serving could be an inspector"

Victor Chan, Braintree

"It would make me feel I was being checked up on all the time"

Jackie Smith, Bracknell

Comment from the Editor

Something's going a bit wrong in Britain. In a week when the Government suddenly tries to backtrack on its commitment to welcoming all the new EU members for fear that the welfare state could suddenly be over-run by 'foreigners', an incident reported in the national news suggests that intolerance is on the increase.

The news item was run in a local paper and the *Mail on Sunday*. An employee of the local paper had asked a pharmacist for the morning after pill. Due to his religious beliefs the pharmacist acted entirely within the profession's Code of Ethics and declined to make the sale. Instead, he advised the woman about two other pharmacies where she might be able to make the purchase and even offered to phone them.

By the time the newspapers reported this woman's indignation, the pharmacist's religion had been changed from Christian to Muslim. How convenient, and how much better the editorial copy must have satisfied

the apparent innate prejudices of the newspapers' readers.

The Society's Code of Ethics clearly supports the actions of the pharmacist, and the employer in this case did too. But with the background of global terrorism, the embers of xenophobia are being rekindled. For pharmacy, with a better ethnic mix than the population at large, the profession is more exposed to such extremes of perception, or racism by another name.

Is it time for the profession to get involved seriously in a much needed debate to help rectify the perceptions being allowed to promulgate in the media? Apparently so.

The profession is more exposed to extremes of perception, or racism by another name

Your views

Here we go gathering nuts in May

I don't suppose you will remember me and that goes for most of your readers. Back in the good old, bad old days when the Rural Pharmacists' Association was at war with the Dispensing Doctors' Association, I would regularly enter into combat within your columns with Dr David Roberts, the then chairman of the DDA.

Those days are long gone and my paws are no longer kept busy on the keyboard. I haven't quite retired, though there are those who say that I'm well past my sell-by date. My red fur is beginning to go silver, though definitely NOT grey.

Now where was I? Oh yes, I happened to overhear a remark recently which set my whiskers quivering with indignation. A certain drug representative, who should have known better, said to a

pharmacist that his company was giving a 40 per cent discount on its new product to dispensing doctors to persuade them to use it. When questioned as to the ethics of this, he said that all the companies did this and that his company would not get a look in unless it followed suit.

I was horrified at this blatant discrimination and manipulation of dispensing costs. When the Government is hell bent on robbing us reds of any generic nuts we may be able to store for the winter, it turns a blind eye to the excessive profits being made by the greys.

I am led to believe that PCTs have most problems with dispensing practices when it comes to prescribing costs and in view of this disclosure, this is not surprising. I must have become



naive and complacent in my old age as I thought that such practices had been banned long ago. For the first time in my life however, my sympathies lie with the greys. They have drays to maintain and offspring to support just as we do. To be caught between the pressures of demanding 'draylings' and PCT prescribing budgets, what is a squirrel to do?

Squirrel Nutkin (name and address supplied).

HOSPITAL REPORT

Keeping to resolutions

Did you make any New Year resolutions? Are they still intact? I made no formal ones this year, having been told that small children have the ability to remember them long after you have forgotten, and bring them up at the most inopportune moments.

However, my thoughts turned to a couple of resolutions that might have usefully been made by others. How wonderful if NHS Scotland had resolved to ensure that the employment practice guidelines it has produced over the past few years were implemented properly by all health boards and trusts. The health minister is on record as saying that they must be implemented to make NHS Scotland an "exemplar" employer.

However, no deadline was given, which has resulted in a piecemeal approach to some of the more expensive or contentious issues.

For example, parental leave is now a legal right, albeit the leave is unpaid. The NHS Scotland family-friendly policy states that this leave should be paid.

... ideally, job evaluation should be objective and not open to individual interpretation

However, various health boards and trusts have stated that they are refusing to implement this as paid leave, and so far, to my knowledge, there has been no response by the Scottish Health Department.

It would be excellent if the team working on NHS pay modernisation resolved to look at job evaluation objectively, instead of trying to make everything fit with the way that nursing works. Their attempts to compare and group disparate professions seem awkward and artificial to most outsiders. We all know the flaws in the current system, but, ideally, job evaluation should be objective and not open to individual interpretation. Unfortunately, I fear both of these are pipe dreams.

Written by a senior hospital pharmacist

TOPICAL REFLECTIONS

Give us a Budget break, Gordon

Dr Howard Stoate has done much to further the pharmacy cause and I welcome his latest initiative to get VAT removed from OTC medicines.

Surely medicines are necessity items rather than a luxury purchase and, as POMs are exempt from the tax, why should patients be penalised on the basis of medicine's legal classification?

I'm dubious about Asda's motivation for removing VAT only on its cough and cold products but its scheme has highlighted the issue and may yet do us all a favour. We already collect more than enough tax for the government and our business cumen saves it a lot of money, so this would be a deserved break.

The reductions would encourage patients to buy OTCs instead of consulting their GP, so any short term loss to the Treasury would be offset by savings in GP time and prescription medicines. A win-win situation all round, with pharmacists delighted to be selling more medicines over the counter.

While we are all able to justify the cost of OTC medicines, there is no doubt that their price deters some on low incomes. Witness the boom in the popularity of NRT since it was made available on prescription.

In reality I suspect Gordon Brown has more pressing issues to consider in his March Budget but a dash of optimism never hurt anyone.

A patient consultation on consulting the patient

"Have you taken these before?" Probably one of the commonest questions I regularly ask of patients but also one of the most frustrating because in many patients' opinions I should already know the answer and have responded accordingly.

Now I know that without access to medical records my patient medication record will never be

complete but a simple solution would be a flag for computer generated prescriptions which indicated a new drug. Once again a simple amendment to GP software that could bring real benefit to patients but one which will probably never see the light of day because we are so rarely consulted. Perhaps we should be.

United we stand

I wasn't surprised to see another *Which?* report slating pharmacists. This has become a regular event and the hackneyed story seems to be more about easy editorial than a genuine desire to inform the public.

I have not read the full investigation but everyone knows that a glowing report would not generate anything like the same amount of publicity. I still can't help wondering if someone at *Which?* was wronged by a pharmacist in a previous life...

Pharmacies are easy targets for investigations like this, with our accessibility and attempt to combine so many roles. Our benchmarks are changing so rapidly that it's difficult to keep up with them. So why can't the Pharmaceutical Society issue a counter story praising the number and quality of new roles we are taking on?

These reports must not go unheeded, and the Society is right to launch an investigation. But its response quoted in the national press was unsupportive to say the least. It seems premature to call pharmacists' service "extremely disappointing" and admitting to "poor practice". But well done to Rosie Winterton for her supportive words.

I think the Society would do well to take a leaf from the book of Sir Alex Ferguson. The most successful football manager of modern time is well known for his policy of never publicly criticising any of his players, whatever misdemeanour they have committed. The team's performance, however, proves that problems are effectively dealt with behind closed doors. Love them or hate them, all pharmacists would love to be members of a profession as successful and well funded as Manchester United.



Getting stuck in

In the second part of our look at the Government's LIFT initiative, Richard Wells, superintendent pharmacist of Yorkshire-based pharmacy chain Weldricks, gives his personal view to *Sally Paragipalli* about the obstacles his company faced trying to embrace the scheme

The NHS Plan announced in 2000 what is potentially the biggest ever threat to community pharmacy – potentially even greater than complete deregulation. Armed with a staggering £1 billion, NHS local improvement finance trusts – LIFT for short – are set not only to improve the primary care estate but to deliver the best health and social care services via flagship buildings based in the community.

There can be little doubt that they will have a huge impact on pharmacists and GPs alike. Why? Because LIFT is driven by a desire to improve services rather than merely provide new buildings: if it succeeds in only re-housing services then it will be deemed a failure.

Run by companies called LIFTcos (of which, importantly, PCTs will be shareholders), each LIFT will have a 20-year agreement with the local health economy and, therefore, the local pharmacy network will certainly feel its impact. Currently 42 LIFT areas cover 40 per cent of all PCTs but, according to the NPA, whether or not they are expanded to include the remaining 60 per cent, similar schemes will be 'invented' in non-LIFT areas.

So given this level of possible rollout and investment, coupled with the LIFTcos' intention to be profitable, community pharmacy needs to be involved from the start – as pharmacy chain Weldricks has discovered. With two thirds of its 37 shops likely to be affected by LIFT sites in Barnsley and Doncaster, superintendent pharmacist Richard Wells has been actively involved.

But although Weldricks had its first LIFT presentation in Barnsley two years ago to introduce the concept, it has not been all plain sailing.

"Despite continuously badgering the PCT's project development manager, we only managed to get one meeting with one of the three prospective bidders for the LIFT contract," he says.

"Unfortunately this particular bidder – who'd obviously had some concerns about how pharmacy services were going to be developed – didn't get the final contract. The company that won had no contact with us or any other pharmacy group."

To make matters worse, when the winning bidder did approach Weldricks with its pharmacy plans, "they came with a fait accompli: this is the building, this is the size and this is where the dispensary goes".

Poor communication between the PCT and pharmacists and a lack of understanding of how pharmacy can contribute to LIFT have hindered pharmacists from playing a more integral role, he believes. "They don't seem to understand it; they just seem to have treated it as a PFI scheme and decided that they're going



An artist's impression of the new development of a Goldshoppe near Barnsley. Richard Wells is concerned that the new PCT had "simply not considered what services pharmacists could offer in the area."

Unfortunately this particular bidder didn't get the final contract. The company that won had no contact with us or any other pharmacy group

the LIFT



The East London experience

The Church Road primary care centre in East London is the most advanced LIFT project to date and should be up and running this August. However, North East London LPC vice-chairman Jignesh Patel, above, is concerned that pharmacy is being viewed as a retail concern and not as an integrated service.



East London and City was named as one of the first wave of LIFT projects in February 2001 and Mr Patel says the LPC did not realise at that early stage the huge impact the initiative would have on pharmacy.

"The LPC just didn't realise how important it would be to make sure our voice was heard from the beginning. A retail outlet has been allocated for a pharmacy in the Church Road centre and we are meeting with contractors this month to discuss it. The LPC will present the various options available but it is up to contractors to decide if and how a pharmacy should go in," he says.

Mr Patel secured a place on the LIFT project board to represent the interests of community pharmacists last March. With a view to the second tranche of LIFT sites, the LIFTCO has held a "visioning" day to decide what services are needed and where gaps currently exist. The results of this will go towards the SSDP and the LPC hopes that its involvement since the earliest planning stages for the second tranche of sites will ensure pharmacy is seen as a health service provider, and not just someone capable of paying high rents.

Asha Fowells

get doctors, a new surgery and maybe a pharmacist," he says. "The CT didn't really give us enough help in my view, as to who we should be talking to and which element of the consortium would have responsibility for pharmacy."

Further, PCTs appear unsure as to why pharmacies are in LIFT in the first place, says Mr Wells. "In some instances, the LIFT site is so close to an existing pharmacy that it raises the question 'why does the PCT want a pharmacy in the LIFT site?' The answer you get back is because that's what the Government says we've got to have' and, in spite of us saying that it should be because we want to develop new services, we get nowhere, they just don't seem to understand." In Barnsley, it became "quite clear that they really had not thought at all about what services pharmacy could offer from these new sites: they just saw it as another place to do prescriptions".

Getting into a LIFT site is just the beginning however: rents are likely to be at a premium and, according to Mr Wells, "don't bear comparison to rental on property we operate in the same area. They

want a premium based upon the number of GPs. We've discussed this with them because under the new pharmacy contract, which will not be volume-led, what difference does it make how many GPs there are?

"The rental should be based on what services you provide, but they can't get hold of that concept. The companies get hold of PACT data, they see that a thousand items will be produced by four or five GPs and base the rental on that," he says. "Pharmacy has once again been seen as third party income; something to keep PCTs' costs down. That's certainly how it's worked out in Barnsley for the first three sites. But we're hoping the PCT has learned from the difficulties it's had, and that when it develops the new phases, it will think more creatively about pharmacy and its input."

Weldricks has had a somewhat different experience with Doncaster's LIFT project however. Early on in the negotiations, contractors agreed that if LIFT sites were likely to impact on more than one pharmacy,

Continued on page 18 ►

Although Doncaster PCT has been much more active in working with the LPC to identify which services pharmacy can offer, it seems PCTs' perception of pharmacies has not changed. "I think they're open to suggestions from ourselves about how we can operate differently. But until we're clear about what the new pharmacy contract holds and where funds might come from, we will still be seen as somewhere to get prescriptions dispensed."

Despite this, Mr Wells believes it is important to keep talking to PCTs. "The conversations we're having are making them think again and be prepared to compromise. We've seen the designs of one of the bidders of a LIFT site in Doncaster, and it does accommodate more of what we would see as a pharmacy of the future." The pharmacies must not be isolated, they should have easy access to other consulting and working areas; be allocated space for service provision, not just dispensing; and be an integral part of the project.

Another concern is that LIFTCos may offer services in direct competition to the pharmacy. "If we're going to pay rents and premiums to be in there,

then they would try to go into it collectively. "By stating quite clearly that we wanted to work co-operatively, any sign of competitive tendering has gone straight out of the window."

In one location, Weldricks, Lloydspharmacy and Boots have agreed to work together. "This can only be of benefit to the profession, because if it comes down to individual tendering, the multiples are likely to win, he warns.

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Another concern is that LIFTCos may offer services in direct competition to the pharmacy. "If we're going to pay rents and premiums to be in there,

we want some exclusivity to be able to get first choice at offering services such as near-patient testing," says Mr Wells, and so it is vital that LIFTCos are made aware of the possible services being discussed as part of the pharmacy contract.

Despite the hurdles, Mr Wells is clear about what pharmacists should do. "It's better to be in LIFT, but from the earliest possible time that you hear about it. The lesson is to keep badgering away at the relevant people in the PCT."

He says contractors should nominate an LPC lead to negotiate with the PCT and to ensure the bidders are aware of contractors' desire to work co-operatively. "If we don't embrace and move forward with it, we could look as if we're standing still or going backwards; it's important – if all the conditions are right – that we're seen to be part of the NHS as it develops."

Mr Wells warns that once LIFT schemes are established, patients could migrate to them from local pharmacies and GPs. "Patients will recognise the benefits, although in Goldthorpe there has been some opposition to the site's location: but it'll be a different thing when a brand new

building is open with lots of facilities."

So how big a threat is LIFT to pharmacy? Could all primary care services be accessed via LIFT sites in the future? According to Mr Wells this is not such an unlikely scenario.

"LIFT is very politically backed; and while we don't know what will happen

to governments in the future, this is on Tony [Blair]'s wish list, according to people in PCTs, and it will happen."

Although Mr Wells is looking forward to providing state-of-the-art services in the future, he warns that LIFT will not be the whole answer.

"People still need a choice. These are big buildings in a community, located centrally or towards the edge of the community, but the pharmacist on the high street is still needed." ☺

It's important
that we're seen to
be part of the NHS
as it develops

An LPC view



The Nottingham experience

Pharmacy has a right to be at the LIFT table, but gentle diplomacy may be a better way to get there than just demanding to be heard, says Nottingham LPC secretary Barry Besbrode, above.

He learnt about LIFT from an article in his local newspaper, and approached the project manager to meet with the LPC. The LPC quickly established a relationship with the project manager, and secured a place on the LIFT project management board.

As the LPC representative, Mr Besbrode was able to explain how pharmacy services fitted in the local healthcare community and participate in discussions prior to decisions being made. The LPC met with all three private partner bidders to ensure they viewed pharmacy as a service provider and it has been invited to contribute to the SSDP.

The LPC encouraged contractors to form consortia. This ensures pharmacies do not compete with each other to relocate into LIFT centres.

"We have spent several patient years building bridges with the PCTs, and have been rewarded by being far more involved in the planning side of primary care provision than ever before. LIFT must be considered an opportunity to the profession, not just a threat," says Mr Besbrode.

Asha Fowells

Dr Mike Wyndham looks at the most dangerous of skin cancers

Malignant melanoma

Melanoma is a malignant tumour of melanocytes. The worldwide incidence of the condition increased in the 20th century.

In the USA, the lifetime risk in 1935 was one in 1,500 but by 2000 was one in 75.¹ The annual incidence of melanoma in the UK is around 10 per 100,000 while in Scotland it is 10.6 per 100,000 for men and 13.1 per 100,000 for women.^{2,3}

Melanoma accounts for 11 per cent of skin cancers but about 600 people die from the condition in the UK each year, while few die from the other skin cancers.⁴

Some people are considered more at risk than others. The high-risk group (more than 10 times the risk of the general population) includes:

- Those born with a congenital pigmented hairy naevus (mole) greater than 2cm in size.

- Those who have extended family with three sufferers from melanoma.

- Those with two family members who have had melanoma, one of whom suffers from atypical syndrome. Atypical naevi usually develop in the first 10 years of life. They are larger than normal, between 1-2cm, and have slightly irregular borders and pigmentation. This group should have specialist follow-up and genetic counselling where appropriate.

- They should also be taught to watch for symptoms and signs that signify the possibility of malignant change (*see below*) and perform monthly self-examination. The diagnosis can be confirmed by histology.

The moderate risk group (eight to 10 times higher than the general population) includes:

- People who have had a previous melanoma.

- Those with two family members who have had melanoma.

- Those who have a large number of moles, some of which appear atypical. They should also be taught about self-examination.⁴

Causes

Ultraviolet light is considered the most significant causative factor in the development of melanoma. Whether UVA or UVB is mainly responsible is still under review. People with red hair, blue eyes and freckles who burn instead of tan are most at risk. It is felt that intense exposure to strong sunlight, as may be encountered on a holiday, is a reason behind the fact that certain melanomas are more common in indoor than outdoor workers.

Melanoma in childhood and adolescence is uncommon but in 15-19 year olds it accounts for 7 per cent of all cancers.

Conditions such as congenital giant naevi are rarely found to be predisposing factors in this group and a combination of family history, sun exposure, pigmentary traits and development of naevi are thought to be important.⁶

Most melanomas develop after the age of 40 years but they clearly may occur in people younger. Women are a little more likely to develop the condition than men. Ethnicity and gender play a role in the topographical distribution of the problem. Black Africans who walk bare foot may develop a melanoma on the sole of the foot. In the UK, women are more prone to develop melanoma on their legs and men on their trunk. There is a higher incidence in white people living near the equator than those living in temperate areas. One fifth of melanomas develop in a pre-existing naevus.

Signs and symptoms

A checklist has been developed to help determine whether a pre-existing mole might have turned malignant. There are two groups - major and minor. Lesions that have one major feature or three minor should be considered "high risk". These patients should be referred to a specialist unit within two weeks (according to guidelines nationally agreed for cancer care).

The major features include:



Continued on page 20 ►

Skin cancer rates are rising – intense sun exposure is a prime cause

change in size, irregular border/shape, irregular pigmentation. The minor features include: largest diameter greater than 7mm; crusting/oozing; altered sensation/itching; and inflammation (redness). An aide-memoire can be helpful:

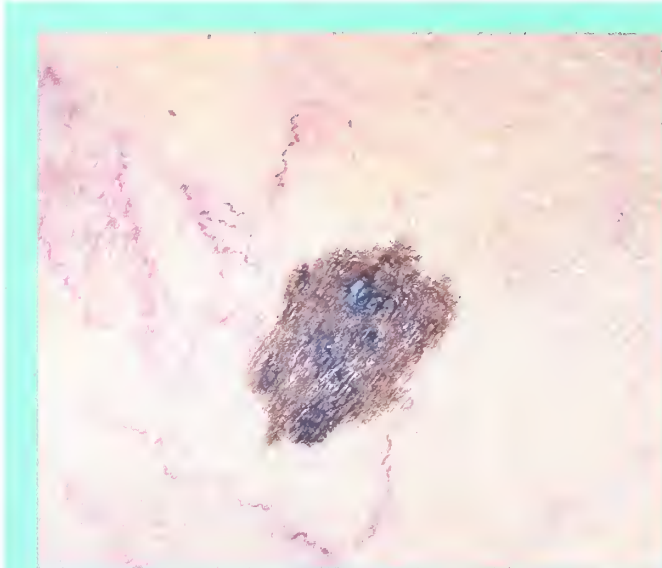
- Asymmetry in axes;
- Border irregular;
- Colours with at least two different;
- Diameter greater than 7mm;
- Elevation of the lesion above the skin surface.³

There are distinct types of malignant melanoma – lentigo maligna, superficial spreading, nodular and acral.

Lentigo maligna occurs in the elderly and is usually encountered on the face. The skin lesion is pigmented, flat and grows slowly. It is larger than a lentigo ("freckle") and may grow to more than 5cm. Characteristically of a melanoma, the border is irregular and the pigment is variable. While the lesion is non-invasive, it is termed a lentigo maligna or melanotic freckle. However, if left, the lesion becomes invasive, it thickens and forms nodules, which announces its more malignant status. The lesions rarely metastasise and thus are the least malignant.

Superficial spreading malignant melanomas are more common in women and frequently affect the leg. In men they are usually found on the trunk. The pigment may be quite variable with shades of brown, purple or even absence of pigment. The lesion grows horizontally, which explains the good prognosis if the tumour is removed early. Nodule formation is a sign of vertical (and downward) growth and by this time the long-term prognosis becomes less favourable. **Nodular melanoma** is the most dangerous type. As its name suggests, the lesion initially has a nodular shape. (A nodule is a raised lesion with a rounded surface greater than 1cm in size.) As it develops, it may ulcerate and bleed, and grows downwards. This early downward growth makes it the most malignant of the group and associates it with a much poorer prognosis than the others.

Acral melanomas may develop under the nail or on the palms or the soles. These account for 3 per cent of melanomas in white and 15-30 per cent in black skinned people. It is more common in people of Negroid and Oriental extraction than in Caucasians.



Superficial spreading malignant melanoma on a 40-year-old leg



An example of a nodular malignant melanoma

Pictures supplied by Dr Mike Wyndham

Quick diagnosis is important as the lesion may become nodular with downward growth early on in its development. Its appearance is similar to a superficial spreading melanoma on the palm and sole. When it is subungual, it may distort and thicken the nail.

Removal

Guidelines recommend that patients with suspected melanoma should be seen by a hospital specialist within two weeks. A study published by *Mackie et al* in 2002 evaluated that any type of surgeon, for example dermatologist, general surgeon or plastic surgeon is appropriate for the task of removal.⁹ However, evidence suggests that dermatologists are better at diagnosing malignant melanoma. Conversely, surgeons were more likely to remove benign

pigmented lesions and make unnecessarily wide excisions for thin melanomas.

Before the melanoma is removed, the local lymph nodes should be checked for enlargement. The skin lesion should be excised entirely (excision biopsy) with a 2-5mm clinical margin of normal skin and some subdermal fat. Lentigo maligna may be diagnosed by incisional biopsy. Here an ellipse of skin is removed containing normal skin and the darkest/thickest area of the lesion.

One of the problems of managing lentigo maligna is that atypical melanocytes may extend to up to 3cm away from the clinical edge of the tumour. This is thought to be why there is a 10 per cent recurrence rate after removal. Once the diagnosis is

confirmed, the lesion can be completely excised.

Cryotherapy is not considered as an appropriate treatment for melanoma as it may not "catch" all the abnormal cells and there is no histological confirmation that the melanoma has been completely removed. However, it could be used in the very elderly, if they were thought unable to tolerate surgery.

Radiotherapy is not often used in the UK but may be tried in the elderly and where the melanoma is awkward to treat by conventional methods. Again, the problems of confirming clearance are the same as for cryotherapy.

After the melanoma has been excised, the final treatment can be decided with reference to the Breslow thickness. Alexander Breslow was a pathologist who worked out that the deeper the melanoma penetrated, the worse the prognosis. The Breslow thickness measures from the granular cell level in the dermis downwards to the lowest point of tumour cells, for example a melanoma with Breslow thickness of 2mm should have an excision margin of 2cm.

Further investigations for patients who have had a malignant melanoma will depend on the staging of the tumour. A TNM (tumour, node, metastasis) staging classification is used, for example T1 means that the melanoma is less than 1mm in depth, N1 means that one lymph node is involved and M1b means that there are metastases in the lung.

In 2001, a new American Joint Committee on Cancer (AJCC) staging system was published. This made a classification from I-IV with sub-divisions. Patients in stage I-IIA do not require additional investigations. The rest require investigations with blood tests, chest X-ray and CT scans. Ultrasound may be more effective than clinical examination in detecting metastatic involvement of lymph nodes. Seven UK guidelines recommend that patients with stage IIB and worse should be looked after in special centres.²

Sentinel lymph node biopsy (SLNB) is a method of examining the lymph node closest to where the melanoma was excised. It is a technique used more in the US and Australia than in the UK and is carried out when there is wide excision of the skin. It has been shown to be a good predictor of patient survival.⁸ However, there

Continued on page 22

NEW

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Great tasting Omega-3 for children

Omega-3 has yet again been getting great publicity with excellent TV exposure and clear endorsement of its beneficial role in children's brain development.

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Ulceration of heel that fails to heal. In this situation always consider the rare amelanotic melanoma. However even in these lesions some flecks of pigmentation can be found on close-up

are those who criticise its use, particularly as there is a morbidity from the surgery. While it may give more information about prognosis, there is no adjuvant therapy yet shown to be beneficial. The role of interferon-alpha still remains to be determined, and its use is generally restricted to the clinical trial setting. It has also been suggested that biopsy will determine those patients who will require regional lymph node removal. However, patients with positive SLNB who have regional lymph node clearance do not have an improved survival time.

Where lymph nodes are thought to be involved, a fine needle aspiration may be carried out. If positive then guidelines determine how many further lymph nodes should be removed in the region.

Palliative treatment may be required for local recurrence of melanoma. Local disease may be removed surgically or carbon dioxide laser may be used for superficial lesions. Isolated limb perfusion with cytotoxic drugs may be performed for more extensive disease.

Related sites

Cerebral symptoms may herald the onset of metastatic spread from a melanoma. In advanced lesions, this is the first sign of recurrence in up to 20 per cent of patients. Ultimately 50 per cent of patients will develop cerebral metastases. Stereotactic radiosurgery may be used where there are three metastases or fewer. Dacarbazine remains the only chemotherapeutic agent in

use at present but does not significantly prolong survival. Radiotherapy may sometimes be used for localised skin and bone metastases.

It is important that the consulting physician has some idea of the prognosis. As mentioned previously, this depends on the tumour staging. Someone with a stage IA lesion (less than 1mm depth, non-ulcerated, no lymph node spread or other metastases) has a five-year survival of 95 per cent with surgery alone. For someone with a Stage IIIA lesion (non-ulcerated lesion, one lymph node with microscopic lymph node involvement with no other metastases), the five-year survival is 67 per cent for surgery alone.⁷

Pharmacist's role

So what is the role of the pharmacist? This is probably no different from other health professionals. The two areas to concentrate on are prevention and early diagnosis. Holiday travel to sunshine countries has become a normal part of many people's lives.

Adequate protection of the skin from ultraviolet light is essential. This can be done with the aid of appropriate sun creams, wearing of broad brimmed hats, use of T-shirts and avoiding "sun worship". Reminder leaflets can be given out at the time of sun cream purchase. Knowing what to look out for is also important.

There is no doubt that public awareness relating to pigmented lesions has increased. Patients should be reminded to present early as it can be seen from the

above that early diagnosis may improve the outcome.

References:

1. Malignant melanoma: It pays to be a woman. *J Mashiah S Brenner. SKINmed* 2003; 2(3):183-7.
2. UK Guidelines for the management of cutaneous melanoma DLL Roberts et al. *Brit J Dermatol* 2002; 146: 7-17.
3. SIGN guideline will raise awareness of cutaneous melanoma. *G Duncan. Guidelines in Practice Vol 6: issue 8* 18-26 August 2003.
4. Gene responsible for most malignant melanomas is discovered. *M Gould BMJ* 2002; 324: 1412.
5. *Atlas of Clinical Dermatology. A du Vivier. Volume 4. 9.24-9.34 2nd edition* 1995.
6. Melanoma in children and

- adolescents. *A Pappo. Eur J Cancer* 2003 Dec; 339(18): 2651-61.
7. Surgical treatment of melanoma. *DJ Eady. Brit J Dermatol* 2003; 149:2-12.
8. The argument against sentinel node biopsy for malignant melanoma. *J Meirion Thomas, E Patocskai BMJ* 2000; 321: 3-4.
9. Observational study of type of surgical training and outcome of definitive surgery for primary malignant melanoma. *Mackie et al BMJ* 2002; 325: 1276-7.

Mike Wyndham MB, BS, DRCCOG, MRCP, is a former GP trainer and now a joint course organiser for Barnet Hospital Vocational Training Scheme for General Practice. He is the scheme educational lead for dermatology.



Remind customers it's important to cover up – or don't forget your hat!

VOLTAROL® Rapid (diclofenac potassium)

INDICATIONS. Indications: Rheumatoid

arthritis, low back pain, migraine

musculo-skeletal disorders & trauma,

spondylitis, acute gout, control of pain &

in orthopaedic, dental & other minor

phosphate arthropathy and associated

Presentations: 25mg or 50mg,

tablets, each containing diclofenac

Dosage and Administration: Take

fluid. **Adults:** Up to 100-150mg per day

divided doses. **Migraine:** Initially 50mg at

an attack. A further dose can be taken

if needed, further doses of 50mg can

be taken at intervals of 4 to 6 hours. Do not exceed

150mg per day. **Children:** 75 to 100mg per day in

divided doses. Not recommended in children

Migraine: Use in children not yet

16 years. **Elderly:** Use with caution. Monitor for

adverse effects during first 4 weeks of treatment. Use

lowest effective dose in frail patients or those with

renal impairment. **Contraindications:** Active or

recent ulcer or GI ulcers or bleeding.

Warnings: Patients in whom

coronary or acute rhinitis are precipitated

by other NSAIDs. **Warnings:**

Interactions: Warnings:

Discontinue if GI bleeding or

develops. Closely monitor patients with

renal impairment. Allergic reactions,

anaphylactic/anaphylactoid reactions

signs and symptoms of infection may be

precipitated. **Contraindications:** Renal, cardiac or hepatic

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Think differently about diclofenac

Voltarol® Rapid diclofenac potassium

Voltarol Rapid is an immediate release potassium formulation of diclofenac tablets



Voltarol Rapid starts to relieve pain in 15 minutes¹



Voltarol Rapid is suitable for acute painful disorders that require a quick analgesic effect¹

¹ R, et al Curr Ther Res 1992; 52: 42.

VMS – your questions answered

Q I've had several enquiries from mothers in my pharmacy who have read that fish oils can help with children's concentration. What kind of products can I recommend to them?

A There have been a number of clinical trials to date that have highlighted the benefits of fish oil supplements on children's behavior and concentration. This has received great TV exposure and stimulated increased interest from customers. More recently **Seven Seas** has conducted a study involving two schools which showed that a daily dose of its Omega-3 fish oil supplement, **Haliborange DHA Concentration Vitamin Syrup**, increased children's concentration by over a third.

DHA is an essential fatty acid present in Omega-3 that plays an essential role in brain development and a pivotal role in brain function throughout life. With a DHA-rich formulation, a daily dose of **Haliborange DHA Concentration** can help to maintain levels of concentration in children. Parents are looking for a source of Omega-3 fish oils that their children will love instead of loathe and **Haliborange** has the answer with **Haliborange DHA Concentration**, available in original orange syrup or new delicious chewy fruit burst capsule format.



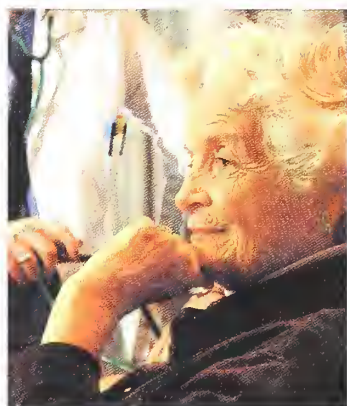
Haliborange DHA Concentration Syrup and Chewy Capsules, which both retail at £3.99, are the only products specifically formulated for children to include high levels of DHA and have a fresh orange taste that appeals to children.

Sponsored by

SEVEN SEAS

Low-sodium risk with SSRI for the elderly

Elderly, low-weight female patients beginning paroxetine treatment are at risk of low sodium levels and consequently



coma and death, claim researchers in the USA.

Hyponatraemia in elderly patients taking paroxetine (Seroxat) is "under-recognised and potentially serious", the researchers write in *Archives of Internal Medicine*.

The team found that 12 per cent (nine) of the 75 patients developed hyponatraemia within two weeks of starting paroxetine treatment. Eight out of the nine patients were receiving a 10mg dose.

The patients most at risk of developing hyponatraemia were those with low body weight or BMI and an existing low plasma sodium level. Women were

slightly more likely to suffer than men, although this was just below the significance level.

A GlaxoSmithKline spokesman said: "GSK has just become aware of this study and we will consider it carefully and quickly."

Dr Bob Sewell, senior lecturer in pharmacology and an expert on SSRIs, advised: "This is an area in which pharmacists can play an important role. If older female patients who are in the early stages of treatment with paroxetine show abrupt changes in mental status, such as lethargy or confusion, refer them back to their GP for monitoring."

For more information:

Arch Intern Med 2004; 164: 327-332

Aventis quashes concerns over arthritis drug

Aventis is playing down reports that its rheumatoid arthritis drug is implicated in six deaths from interstitial pneumonia.

Over 3,400 patients in Japan have been enrolled in a post-marketing survey for Arava (leflunomide), of which 16 experienced new or a progression

of pre-existing interstitial pneumonia, of which six died.

Aventis has said in a statement that a medical literature review shows no evidence of an increased risk of interstitial pneumonia with Arava when compared with other RA drugs and biologics. The company claims that Arava has

fewer reported cases of adverse events than methotrexate in Japanese RA patients. It has said it is working with the regulatory authorities in Japan and other countries where Arava has marketing approval.

For more information:

www.aventis.com

GTN concerns don't need practice change

A US study which found a common heart drug may cause blood vessel damage should not affect current clinical practice, claims a UK cardiologist.

The researchers discovered that when glyceryl trinitrate is used in excess to generate tolerance, it affects the mitochondrial enzymes involved in GTN's activity and the enzymes start to produce free radicals, which can damage heart cells.

Dr Tim Bowker, a cardiologist and associated medical director for the British Heart Foundation, said that the study induced GTN tolerance and therefore did not reflect current clinical practice. The research may provide useful in understanding the cellular mechanisms of the drug and help

treat patients in the long term, he added.

The study raised nothing to suggest changes to current practice, he said, but it could have long-term implications.

The researchers suggest that GTN tolerance affects mitochondrial aldehyde dehydrogenase (ALDH-2), the enzyme which is essential to the drug's therapeutic effects. When tolerance has built up, mitochondria have used up their beneficial enzymatic activity and begun producing damaging free radicals instead. It is these free radicals which damage the blood vessels and heart cells, they claim.

For more information:

Journal of Clinical Investigation 2004; 113: 482-9

More statin benefits

Another benefit of taking statins has been found. Leeds University scientists have found that statins act directly on the heart, helping to prevent heart failure.

In heart failure, heart cells (fibroblasts) move and multiply, disrupting function and damaging the heart. Researchers found that when statins were present, the fibroblasts did not move.

Dr Karen Porter, project leader, said: "By discovering how fibroblast movement is triggered and how statins stop this process we hope to learn more. We have developed a method of studying the movement of human heart cells under controlled conditions and hope this will highlight new ways to treat heart disease."

For more information:

Cardiovascular Research 2004; 61: 7

St Johns worth doses don't add up

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The researchers found hypericin
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ey found pseudohypericin in the
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els mentioned the ingredient.
seudohypericin was more
undant than hypericin in all the
oducts.

For more information:

Journal of the Science of Food and
Agriculture 2004; DOI: 10.1002/jsfa.1598



Scriptlines

New Fortini size

Fortini and Fortini Multi Fibre supplements are now available in 125ml sizes and on forms FP10 and GP10. Fortini and Fortini Multi Fibre are available in vanilla and strawberry, and Fortini Multi Fibre is also available in banana and chocolate.

For more information:

See Price List supplement
Nutricia Clinical Care
Tel: 01225 711688

Sustiva changes

Bristol-Myers Squibb has announced that the SPC for Sustiva (efavirenz) has been updated.

It contains the lipodystrophy class labelling statement that describes the association between redistribution of body fat in HIV patients taking protease inhibitors. There is additional safety information from the periodic safety report and rewording of parts of the undesirable effects section.

In addition, the shelf life of Sustiva has been extended from

two to three years.

For more information:

<http://emc.medicines.org.uk>
Bristol-Myers Squibb
Tel: 0800 7311736

Generic pergolide

APS/Berk, Generics UK and IVAX Pharmaceuticals have launched generic versions of pergolide.

They have all launched 0.25mg and 2mg tablets and IVAX has also launched a 0.05mg tablet, all in packs of 100.

For more information:

See Price List supplement

Durex makes Extra Safe move

Durex Extra Safe condoms manufactured after December 2003 will no longer contain spermicidal lubricant. SSL, which manufacturers the Durex condom range, made the move following a World Health Organization report questioning the additional protection offered by such condoms compared to non-spermicidally lubricated condoms.

Instead, the new Extra Safe

line, the only one to contain spermicidal lubricant, will be thicker with more non-spermicidal lubricant. New packs, with revised on-pack copy, should be on shelf in March.

Prices: 3, £2.75; 12, £8.69; 18, £12.49

Pip-code: 3, 002-6823; 12, 036-8399; 18, 038-2523

SSL International plc

Tel: 0161 654 3000

Isosorbide mononitrate

PSNC has agreed with the Department of Health that three isosorbide mononitrate products will be listed in the March *Drug Tariff Part VIII*. The products are: isosorbide mononitrate tablets 60mg m/r, Category C with the price based on Imdur; isosorbide mononitrate tablets 50mg m/r, Category C with the price based on Isotard XL; isosorbide mononitrate 60mg m/r capsules, Category C with the price based on Elantan LA.

For more information:

National Prescription Centre
Tel: 0208 441 8427

There is an easier way...

...your customers don't have to go to extreme lengths to lose weight.

Order now...

T: 01494 429 330 F: 01494 429 326

trade@metasys-slim.org www.metasys-slim.org

Chosen by many on a calorie controlled diet, unique formulation Metasys[®] Capsules are made from 100% Plant Origin Green Tea Extract and may be the answer to weight loss that your customers crave... The Metasys[®] Weight-Loss Programme suggests a diet and exercise plan that is designed to be achievable by everybody and has the added bonus of incorporating the highly effective Metasys[®] Green Tea slimming aid capsules.

Unique formulation Metasys[®] Capsules are made from 100% Green Tea Extract and work in harmony with the body.

Since launching in 2001, Metasys[®] has had many successes with both the public and celebrities.

As a wholesaler or retailer you'll enjoy the high profit margin of the Metasys[®] product and feel the benefit of our nationwide TV, Radio and Press campaign with the added bonus of our designated Customer

Support Freephone and email service, 24 hours a day, 7 days a week, 365 days a year.

You're in good company too, with our prestigious selection of retail outlets across the country. You'll relax, safe in the knowledge that Metasys[®] has many Case Studies and Clinical Trials to its name. Call us now to discover how you too can improve your bottom line.

Metasys[®] - Green Tea Extract Capsules - may be chosen by slimmers to take as part of a calorie controlled diet. Metasys[®] Capsules are only effective if used as part of The Metasys[®] Weight-Loss Programme

metasys
Shape up! with Metasys

100% Plant Origin Green Tea Extract

See our listing in the C&D monthly price list

Multivitamin with ginseng is now called Bodymax

Wassen has relaunched its Gerimax multivitamin supplement as Bodymax.

Bodymax is a one-a-day multivitamin and mineral tablet with added ginseng to help boost energy levels.

Each tablet contains close to the full RDA of 20 vitamins and minerals plus 85mg of standardised Korean ginseng extract.

The supplement is formulated to help maintain health and vitality for body and mind as well as a healthy immune system.



It is targeted at consumers with a lifestyle that creates high physical demands and those who like to have a high level of concentration and cognitive alertness.

The tablets are suitable for adults over 15 and for vegetarians. Product leaflets are available from Food Brokers.

Price: £6.49

Pack size: 30 tablets

Pip code: 022-5474

Food Brokers

Tel: 02392 222500

Dead Sea minerals wake up tired skin



Ahava UK will rebrand its Ahava Advanced Dead Sea mineral skincare range as The Source on March 1.

The Source is described as a rejuvenation and renewal system with products that are suitable for dry, tired-looking and dehydrated skin.

The range includes products for cleansing, purifying, toning and body treatment.

All the products contain a formulation of Dead Sea minerals designed to deliver optimum moisture to the skin cells.

The products come in colour-coded packaging to indicate which one to use for individual skin types.

Price: From £5.10 for Purifying Mud Soap (100gm) to £36.95 for Mineral Beauty Serum (30ml)

Ahava UK

Tel: 01452 862580

Tickled pink by Calprofen

Pfizer Consumer Healthcare is backing Calprofen with a new TV advertising campaign.

The commercial makes an analogy with a little girl and her love of everything pink. The pink theme is designed to drive home to parents the strengths of the Calpol brand and the advantages of the ibuprofen variant Calprofen.

The commercial is running

alongside the Calpol 'Fighting Fit' creative which shows fit, healthy and happy young children getting up to all sorts thanks to the 'magic' of Calpol.

A press and outdoor media campaign linked to the TV theme will support Calprofen.

For more information:

Pfizer Consumer Healthcare

Tel: 023 8064 1400

Colgate works a 12-hour day

Colgate-Palmolive is extending the Total toothpaste range with a new sub-range, Advanced Fresh toothpaste.

The range aims to appeal to consumers who want long-lasting fresh breath, as well as cavity protection. According to Colgate-Palmolive, this is the first toothpaste range to offer 12-hour fresh breath protection. The double-mint flavoured, green gel format paste also works to restore teeth's natural whiteness.

The launch will be supported by a multi-million pound TV, press and poster advertising campaign and professional sampling. Details of the timing are currently unavailable.

Price: 50ml tube £1.25; 100ml tube £2.15; 100ml pump £2.46; 100ml liquid 2-in-1 £1.99

Pip code: Refer to February's Price List

Colgate-Palmolive UK

Tel: 01483 302222

Read all about children's behaviour

A health information book on children's behaviour has just been published in the BMA Family doctor series of books.

Understanding Children's Behaviour is suitable for parents, teachers and carers who want to improve their relationships with children.

Written by Dr Dinah Jayson, it looks at why children behave in a particular way and whether it is normal.

The book also covers way of dealing with bad behaviour from infancy to pre-teenagers.

There are now 46 books in the Family Doctor series which is sold through pharmacies.

Price: £3.50

Pip code: 303-4782

Family Doctor Publications Ltd

Tel: 01202 668330

NiQuitin CQ, NiQuitin CQ Clear Product Information. **Information:** NiQuitin CQ: Mar pinkish-tan, square, transdermal patches. NiQuitin CQ Clear: Transparent, square, transdermal patches. Both presentations are available in three strengths (size): NiQuitin CQ, NiQuitin CQ Clear Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Clear Step 2 (containing 78mg nicotine per 15cm² patch), NiQuitin CQ, NiQuitin CQ Clear Step 3 (containing 36mg nicotine per 7cm² patch) delivering 21mg, 14mg, 7mg nicotine respectively over 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use with a structured smoking behavioural support programme. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day, preferably soon after waking. Remove patch after 16 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers, children under 12. Recent heart attack, stroke, severe irregular heartbeat, unstable, worsening angina, resting angina. Hypersensitivity to the patch or ingredients. **Precautions:** Use only on doctors' advice in adolescents 12-17 years. Cardiovascular disease (e.g. heart failure, stable angina, cerebrovascular disease, vasospastic disease, severe peripheral vascular disease), uncontrolled hypertension; severe renal or hepatic impairment; peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment following smoking cessation; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, tacrine, clomipramine, adrenergic blockers may need dose decrease. Adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ or NiQuitin CQ Clear. Keep safely away from children. Chronic consumption of nicotine can be toxic and addictive. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reaction. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, dyspepsia, diarrhoea, constipation, cough, pharyngitis, dyspnoea, dry mouth, arthralgia, asthenia, abdominal or chest pain, headache, myalgia, flu-like symptoms, sweating, dizziness, sleep disturbance. Abnormal dreams, nervousness, palpitations, tremor. Side effects experienced are excessive. Step 1 users can step down to Step 2 for remainder of initial weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation:** Do not try to become pregnant. Pregnant and nursing women should be advised not to give up without nicotine replacement therapy. If they should this fail, a medical assessment of risk/benefit should be made. **Legal category:** C. **Product licence number:** NiQuitin CQ 21mg (Step 1): 00079/0347, 0346, 0345; NiQuitin CQ Clear 21mg (Step 1), 14mg (Step 2), 7mg (Step 3): 00079/0356, 0355, 0354. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** strengths 7 patches £17.49; Step 1 only 14 patches £32.95. **Date of last revision:** November 2000. **NiQuitin CQ, NiQuitin CQ Clear, CQ and Click2Quit** are trade marks of the GlaxoSmithKline group of companies.



GlaxoSmithKline
Consumer Healthcare

A close-up photograph of a hand holding a lit cigarette. The cigarette is held over a white cup of dark coffee on a matching saucer. The cup and saucer are on a dark, patterned surface, possibly a stovetop. In the background, a white pitcher is visible. The overall scene suggests a moment of relaxation or a craving for a cigarette.

***Cravings can strike
at any time***

When smokers are trying to quit, cravings can catch them out at any time.

NiQuitin CQ® Clear patches provide nicotine continuously, offering craving protection 24 hours a day, 7 days a week.

With your advice and support, NiQuitin CQ® Clear patch and an individual Click2Quit Stop Smoking Plan, you'll not only be helping your customers get through another day smoke free, you could be helping them give up for good.

www.Click2Quit.com

NiQuitin CQ®
Nicotine **CLEAR**



More power to you*

*compared to willpower alone.

Frontshop

Miners shows its best side

Two new display stands are available for Miners cosmetics.

The first, a floor stand, features easily accessible product compartments and product information on shelf strips. The 170x80x29cm stand also offers background lighting. The cost price to pharmacists is £1,180.40, offering a retail value of £2,040.80.

The second, a smaller 150x60x33cm stand, is also available, at a trade cost of £890.50, offering a retail value of £1,539.71.

For more information:

Miners International
Tel: 023 8046 0600



No snow on this TV ad

Neutrogena's new medicated shampoo, Neutrogena Healthy Scalp Shampoo, is being advertised on national TV until February 24, in a campaign highlighting the shampoo's soothing and moisturising qualities.

The £550,000 campaign hopes to reach 80 per cent of target consumers during its two-week run, according to Neutrogena UK.

Pack size: 200ml

Pip code: 301-4222
Neutrogena (UK) Ltd
Tel: 01628 821411



Colgate gets kid-tastic

Colgate-Palmolive has launched a bubblegum-flavoured 2-in-1 toothpaste and mouthwash for kids.

New Colgate Kids 2in1 is presented in pink liquid format, which can be applied with a toothbrush or directly to teeth,

when on-the-go cleaning is required. The product has a gentle foaming action.

Price: £1.49

Pack size: 100ml
Pip code : 303-2950
Colgate-Palmolive UK
Tel: 01483 302222

Cough, cold & flu FORECAST

Brought to you by Benylin®

Incidence levels
for the week
commencing

Feb 14



Benylin KEY FACTS

- 3.3 million people (6.2% of the population) are suffering from a form of respiratory illness this week
- Newcastle, Leeds, Manchester and London are on advisory status
- Cough and sore throat are the most prevalent symptoms

● Cities on Normal
● Cities on Advisory
● Cities on Pre-Alert
● Cities on Alert

Be prepared this winter - keep up to date with cough, cold and flu levels in your region. Visit www.coughandcoldadvice.com for more information.

Information from the World Health Organisation Data

TVnext week

Askit Powders: STV, C4, five, GMTV

Beecham's Max Strength throat lozenge: All areas except U, CTV, GMTV

Bonjela: C4, five, Sat

Caligig: C4, Sat

Calpol: All areas except U, GMTV

Calprofen: All areas except U, GMTV

Horlicks: All areas except U, CTV, GMTV

Huggies: All areas

Kalms: five, GMTV, Sat

Listerine: All areas except U

Lucozade Sport: All areas except U, CTV, GMTV

Macleans: All areas except U, CTV, GMTV

NiQuitin: All areas except U, CTV, GMTV

Olbas range: five, GMTV, Sat

Pepcidtwo: All areas

Rennie Soft Chews: All areas

Seven Seas Pure Cod Liver Oil: All areas except U, CTV, GMTV

Seven Seas Multibionta: C4, Sat

PharmaSite for next week: Nicotinell Patch - window, Nicotinell Patch - in-store, Nicotinell Patch - dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Screen test

Do sunscreens do more harm than good?

Adrienne de Mott investigates

Sunscreens came under attack last year for inducing a false sense of security – people just slap on the lotion in a haphazard way, then fry in the sun for hours in the belief they are safe. A bronzed appearance is high on the list of what many people want from a holiday, despite warnings that the main cause of skin cancer is too much UV light. A tan is a sign that the skin is already damaged and trying to protect itself from further harm.

Research suggests that people who use sunscreens are more likely to develop the most serious skin cancer – malignant melanoma – than non-sunscreen users. Indeed, experts are now suggesting that the most effective UV protection is to stay indoors. One explanation might be that people don't

use sunscreens properly. Professor Brian Diffey, Newcastle General Hospital, says: "They either don't use it thickly enough or they miss difficult to reach areas of skin. They think they have an invisible protective shield, but in reality they're not covered properly."

"There is a huge mismatch between the published SPF and the SPF that is achieved in practice. Divide the published SPF by three and you will be closer to the real value the user is achieving."

Current thinking among suncare experts is that the ideal form of sun protection is to cover up with clothing and stay in the shade, using sunscreens to protect those areas that can't be covered. In the UK, some manufacturers are even starting to put sun

protection factor labels on children's clothing. Sunscreens are regarded as a secondary measure as far as skin cancer is concerned, says Professor Diffey.

The star rating – which indicates degree of protection against UVA – is important because there is increasing evidence that UVA causes genetic damage to skin cells, possibly leading to skin cancer.

Professor Diffey suggests that pharmacists should always recommend products with a three or four star rating, because these products have the most balanced protection.

"If customers want good overall protection and don't want to tan, they should go for a

Continued on page 30 ►

What protection means

SPF The sun protection factor is a measure of how well the product protects against (mainly) the UVB or burning rays. UVB rays contribute 80 per cent towards sunburn, and UVA the remaining 20 per cent. SPF indicates how long a person using the product could stay in the sun without burning, but only if applied at the same thickness as used by manufacturers during the testing process. So, for example, SPF4 would allow a person to stay in the sun four times longer than with no protection. Someone who usually burns in 15 minutes could therefore stay in the sun for an hour when using SPF4.

In theory people should then keep out of the sun, not apply more cream, says sun protection expert Professor Brian Diffey, Newcastle General Hospital. One disadvantage of the SPF is that people usually have no idea how long it takes them to burn, which will depend on the time of day, the location and their skin type. But one of the main drawbacks is that people do not use enough cream or miss the difficult to reach areas, which are then over-exposed to sunlight.

Agreement has been reached on an international sun protection factor test method and the latest version is available from the European Cosmetic, Toiletry and Perfumery Association (www.colipa.com).

high SPF and four star rating. If, on the other hand, they still want to get a tan despite all health advice, then they should buy a product with SPF6 but still with a four star rating – but take care not to stay in the sun too long.”

A two and a half year trial in Australia in over 1,600 adults showed that liberal, frequent applications of high protection sunscreen gave greater protection against the development of actinic keratoses (potentially pre-malignant skin lesions) than the usual ad hoc applications carried out by most people. The randomised controlled trial confirmed that sunscreens, when applied conscientiously and carefully, protect against the ravages of sunlight. The trial was the continuation of a previous one showing that sunscreens were effective against the development of squamous cell carcinoma (*Darlington et al, Archives of Dermatology 2002*).

Professor John Hawk, head of dermatological photobiology, St Thomas’ Hospital, London,

says: “The trial was a great relief to us all, because it proves we are not advising our patients incorrectly. It also very clearly proves that all those in the control arm of the trial, who were using sunscreens just as most of us do, did not do so well.”

There’s also a popular belief that a tan protects the skin against burning, but the British Association of Dermatologists warns that the protective power of a tan is weaker than a mild sunscreen of SPF2-4.

Cancer charities and the Department of Health want people to carry on using sunscreens even though they may not be foolproof. The key message is not to rely on sunscreen alone, but:

- stay in the shade or cover up when the sun is hottest between 11am and 3pm;
- wear a hat and sunglasses;
- never burn, as this doubles the risk of skin cancer;
- you can burn even on a cloudy day: cloud can block as little as a third of the UV;
- take extra care with children, who have thinner skins and are at greater risk of burning; 80 per cent of exposure to the sun occurs in childhood.

On sunscreen, the advice is:

- use an SPF of 15 or more, and a sunscreen that blocks both UVA and UVB rays;
- apply the sunscreen half

an hour before you go outside so it has chance to sink in;

- apply next to the skin, before moisturiser, make up or insect repellent;
 - re-apply every couple of hours – more if you are perspiring heavily, swimming or if you rub it off;
 - apply it thickly. If it disappears as soon as you start rubbing it in, that’s not enough. If the whole family uses only one bottle over a two week holiday, again it’s not enough;
 - use the highest factor you can afford, but it’s better to use factor 15 than be put off altogether by the cost of higher factor products;
 - don’t stay in the sun all day just because you’re wearing sunscreen. A good rule is: don’t stay out wearing sunscreen any longer than you would without it;
 - no sunscreen gives total protection. Even with factor 60, 2 per cent of the harmful rays will get through;
 - check the ‘use by’ date. Most creams last two to three years, so last year’s should be fine but one more than five years old won’t be.
- Compiled from Cancer Research UK and the Department of Health’s Sunsafe websites (www.cancerresearchuk.org.uk and www.doh.gov.uk/sunsafe). See also this week’s Pharmacy Update on malignant melanoma.*

Star ratings

UVA protection is indicated by a star rating, with four stars offering the highest protection. This is based on the ratio of UVA to UVB absorbance. The absorbance ratio ranges from 0 for products having no protection against UVA radiation to 1 for products that absorb UVB and UVA equally (see table below).

Ratio of mean UVA absorbance to mean UVB absorbance	Star rating
Less than 0.2	None
0.2 to 0.4	★
Over 0.4 to 0.6	★★
Over 0.6 to 0.8	★★★
Over 0.8	★★★★

This standard is used for products marketed in the UK but is not universally accepted internationally or even throughout Europe.

Professor Brian Diffey, who devised this so-called Diffey test in the early 1990s, says the method indicates the absorbing properties of the sunscreen ingredients and, unlike SPFs, is independent of concentration and application thickness.

The facts of the matter

Consumers may at last be getting the message that sun is dangerous. Although 35 per cent of adults still do not use sun protection at all, those who do are moving towards sunscreens with higher protection. Products with SPF30 or more have grown in value over 40 per cent year on year, while products with SPF4 and below are down 10 per cent.

There are two main reasons for this trend, says Ben Duncan of Information Resources. Firstly, consumers are becoming more aware of the risks of sunbathing – skin damage, premature ageing and skin cancers. Secondly, retailers are increasing the number of high factor products they offer.

“Boots, for example, has significantly increased the number of SPF30+ products in stock,” he says. “And for the first time we are seeing products with very high protection – factor 50 and 60 – being made widely available. At one time ‘high factor’ was considered to be 30-35.”

Consumers mostly buy sunscreens when they are going abroad, so market growth was variable at the beginning of 2003 with the war in Iraq and people reluctant to book foreign holidays. But in the UK, 2003 was the sunniest year on record. The Met Office says that the

Continued on page 32

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1,776.7 hours of sunshine in England beat the previous record in 1995 by over 50 hours. Scotland wasn't far behind, with a record 1,386.6 hours of sunshine.

"The British tend to be naive and think the sun is less damaging in the UK than overseas," says Mr Duncan. "But the big increase in sales of sunscreens during the June heatwave (sales were up nearly 30 per cent versus the same period in 2002) suggested that, in extremes of climate, people will buy sun protection for use in the UK."

"Manufacturers here want to encourage use of sunscreens on a daily basis. In Europe, people tend to use sunscreens regularly – even when they are just going shopping – whereas in the UK people tend to reserve these products specifically for sunbathing or taking part in outdoor sports."

Total sales of suncare products grew 16 per cent in value in 2003 to reach £150 million. While volume sales grew 12 per cent, intense price promotion kept the value increase lower than it might have been. Multibuys such as "three for the price of two" and "buy one get one free" were so common that few people paid the full price for sun protection, which accounted for £107m.

"In previous years multibuys were confined

to one brand at a time. In some retailers we are now starting to see all major brands on promotion at the same time," says Mr Duncan. "The sun protection market is highly driven by promotion, with 70 per cent of total volume on some sort of special offer compared with an average around 40 per cent for health and beauty products in general."

"One could almost argue that consumers will only buy suncare products if they are on promotion. It has certainly encouraged people to buy before going abroad rather than at the airport or while on holiday. The products tend to be expensive at full price so customers are looking for the best value."

Another trend over the past three years has been the increasing popularity of spray formats, now accounting for 22 per cent of all suncare sales. Lotions remain the most popular format, with a 35 per cent share of the market, while oils are going out of favour, mostly because they tend to be less protective.

Artificial tanning products are also doing well and have grown 16 per cent to a total value of £27m (18 per cent of the suncare market). In pharmacies, excluding Boots and Superdrug, growth has been as high as 70 per cent, maybe because these are niche products and consumers see pharmacies as specialist outlets.

This surge lends strength to the argument that people are becoming more cautious about sun worshipping – they are using high protection products or keeping out of the sun altogether and opting for fake tans instead.

The market for after-sun products is fairly static at about £16m (10 per cent of the suncare market), again reflecting the fact that people are more focused on being well protected while out in the sun rather than trying to patch up the damage afterwards. This is despite the fact that this sector also receives high promotional support, says Mr Duncan.

"While consumers are being encouraged to re-apply sunscreens regularly, and so use more, with after-sun products they just use the product once after sunbathing. Thus, while consumers stock up on protection products during multibuy deals, after-sun products do not reap the same benefits."

Where people buy

Information Resources looks at the suncare market through three different sectors:

- The major multiples such as Tesco and Sainsbury's, which have in-store pharmacies, together with Boots and Superdrug. This group accounted for £130m of suncare preparations in the year to December 2003.
- Other pharmacies, which accounted for £14m.
- Independent grocers, drug stores and Co-ops, which accounted for £6m of sales value.

Mr Duncan says no one group is taking sales from another. 'Other pharmacies' grew 23 per cent last year, which was better than market growth as a whole, albeit from a smaller base than the major multiples, Boots and Superdrug. The popularity of the major

Top brands

Protection

1. Nivea Sun Protection
2. Ambre Solaire Moisturising Protection
3. Piz Buin In Sun Protection
4. Ambre Solaire Kids Protection
5. Nivea Sun Children's Protection

Artificial

1. Rimmel Sunshimmer
2. Piz Buin Mid Self Tan
3. Ambre Solaire No Streaks Bronzer
4. Tantowel
5. Piz Buin Max Self Tan

After-sun

1. Ambre Solaire After Sun
2. Nivea After Sun
3. Ambre Solaire After Sun Skin Soother
4. L'Oreal Solar Expertise
5. Malibu After Sun

Source: Information Resources, value sales through health and beauty outlets for year ending December 2003.

supermarkets reflects the preference of consumers to do a "one-stop shop".

Price puts people off

Nearly two thirds (64 per cent) of people replying to a survey think sun lotions are expensive. An NOP survey carried out for Malibu found that young women aged 25-34 do the most to protect themselves in the sun, as 77 per cent say they always use a sun lotion when on holiday. Men, particularly older ones are less receptive to sun protection. The survey, carried out in November 2003 in just over 1,000 adults, found the use of high (SPF15 and over) and low SPF's to be 50:50.

High prices are a major disincentive to using suncare products properly, says Malibu's managing director David Reiner.

"There's a false sense of security in using too little of a high factor," he says. The company is a long-time champion of low prices and has reduced the prices of all its products this summer. Over half its range of more than 30 products will retail at £2.99. Other products will retail at £3.99 and £4.99.

No amount of publicity on skin cancer will deter some people from enjoying the sun, says Mr Reiner. Budget brands with high UV and UVB protection encourage them to use the right amount of sunscreen and enjoy the sun more safely.

The all-summer-long price commitment is also important for independent pharmacies which have to face random price cutting on major brands by the supermarkets and pharmacy multiples, he adds.

- In Richards & Appleby's Cyclax range there is no price penalty for skin that needs the extra protection of higher SPF's. All products have the same price, starting at SPF2 through to and babies' 45; 100ml tubes are £2.99 and 250ml sprays and tubes are £5.99.
- All Ultrasun's sunscreens will have the maximum four star rating against UVA this summer. Protection 17 and 28 are said to have 93 per cent UVA protection and are water-resistant so do not have to be reapplied after swimming. Services for pharmacies include staff training, samples of products and a customer leaflet, posters and display material.



New for 2004

ix from Malibu

Malibu is introducing six new products this season – all following the company's price commitment.

The protective dry oil spray for men is water-resistant and has medium protection (SPF12). Designed for all over body use, it does not make the hair greasy so can be sprayed on the scalp and forehead (200ml, £3.99). Sun protection mousse in SPF12 and is water-resistant and comes in sun-safe aerosol containers (200ml, £3.99).

The self-tanning range of lotion and gel is being extended to include a quick-drying moisturising mousse (150ml, £3.99).

Two new after-sun products are after-sun extender – a moisturising lotion with a very level self-tanning agent (200ml, £2.99) – and Ice Blue cooling after-sun gel (200ml, £2.99). Malibu Health Products International, tel: 020 8758 0055.

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Added skincare

The new Blockhead range of six sun protection products and two after-sun products have additional premium skincare ingredients to help protect against sun damage.

A UV filter system uses Sunspheres, hollow sphere technology, to optimise the organic sunscreens Parsol MCX (against UVB) and Parsol 1789 (against UVA) together with the organic broad spectrum sunscreen titanium dioxide. Beeswax is the moisturising agent used as a base.

Blockhead water-resistant sun lotions (200ml, £15.99) come in SPF8, 15, 30 and ultra block (50). As well as sunscreens, they contain Sunactyl to protect the skin against damage from heat and UV, together with an antioxidant, a tan activator and anti-inflammatory phytochemicals.

Blockhead face cream SPF25 includes moisturising agents and ingredients to protect against skin ageing (100ml, £15.99).

Blockhead sun stick (15g, £6.99) has SPF20 and anti-ageing, anti-inflammatory



A national advertising campaign to launch the new Blockhead range begins this month

ingredients. All sunscreens offer four star UVA ratings.

The after-sun (200ml, £12.99) complex contains plant ingredients to help reduce inflammation, while after-burn active complex contains panthenol (200ml, £15.99).

Cold block active complex (100 ml, £15.99), aimed at skiers, contains plant and marine ingredients to soothe the skin and combat the negative effects of cold.

Public relations, starting this month, includes national and regional press, and point of sale material is available. KLM, tel: 01892 750333, www.blockhead.info

Nivea offerings

Beiersdorf is adding several new products to the Nivea Sun range.

A Pampering Protection Mousse will be launched in SPF8 (£11.75) and SPF15 (£12.99), together with UVA filters and vitamin E. The moisturising mousse is water-resistant and said to be instantly absorbed when smoothed in. It will be sold in from March.

The self-tan range will have two facial creams and two self-tan lotions for fair or normal/dark skin, to complement the spray and aerosol spray.

A new Nivea Sun Satin Sheen sun lotion SPF8 joins the SPF15 (200ml, £9.99). The children's coloured sun spray range is extended with SPF40. Beiersdorf UK Ltd, tel: 0121 329 8800.

Accent on anti-ageing

Roc has created a range of dual-action specialist suncare, which aims to fight skin ageing. This Minesol Actif range includes firming suncare SPF15 (150ml, £15.95), anti-wrinkle SPF30, unifying suncare and anti-wrinkle rehydrating care (all 50ml, £14.95).

Minesol Protection includes SPF20 cream and lotion, SPF30 lotion, SPF40 mineral sunblock cream and SPF60 sunblock cream, plus a repairing balm, and there are two Minesol Bronze self-tanning products.

Advertising runs from May to July, backed by public relations from April to the end of August. Johnson & Johnson, tel: 01628 822222.

Maximum sensitivity

Hawaiian Tropic's new products for 2004 include the MAX range, which offers maximum four star UVA protection. There is an SPF20 spray, and SPF30 and 40 lotion. All are hypo-allergenic, photostable and water-resistant. Luxury body butter, containing vitamins A, B and E, can be used after sun or all year round as a hypo-allergenic moisturiser. Hawaiian Tropic Europe, tel: 00353 14625000.

Give it some stick

A sheer protect face cream with SPF30 and lip protection stick SPF20 are among this year's additions to the Ambre Solaire range. New for men are a high protection spray SPF20 and gel-cream SPF30.

An after-sun SOS relief balm, rich repair milk and hydrating spray are the latest in the after-sun range, while in self-tanning, No Streaks Bronzer wipes are introduced for the face, neck and chest. Laboratoires Garnier, tel: 020 8762 4010.

Disappearing lotion

Lineo Care has introduced three new suncare items in the Calypso range. The Kids' Coloured Disappearing Lotion Spray has SPF30 and four star UVA rating. The pink or blue colours "magically" disappear after application (200ml, £6.99). There is a new self-tanning spray (200ml, £4.99), and a larger size of the Calypso aloe vera after-sun gel (400 ml, £4.49). Lineo Care Ltd, tel: 0161 777 9229.



The Calypso range has a new self-tanning spray among other additions

All in the bag

Health Aid's latest introductions are ready-made kits to carry to the beach. The Sahara Adult Protection Pack contains a factor 15 lotion, an after-sun moisturiser and an insect repellent.

The Family Protection Pack contains an additional factor 25 lotion for children. All Sahara suntan lotions carry a three star rating except for SPF20, which has a four star categorisation. Pharmadass Ltd, tel: 020 8426 3400. ☺

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NICOTINELL C/GUM *4MG* LIQUOR	24	15%
NICOTINELL C/GUM *4MG* LIQUOR	96	15%
NICOTINELL C/GUM *4MG* MINT	12	15%
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NICOTINELL C/GUM *4MG* MINT	96	15%
NICOTINELL LOZENGE S/F 1MG	12	15%
NICOTINELL LOZENGE S/F 1MG	36	15%
NICOTINELL LOZENGE S/F 1MG	96	15%
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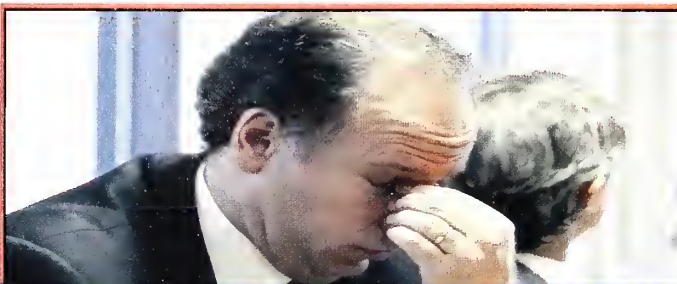
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Scott Klein

Michael Gatenby has been appointed non-executive chairman of Alliance Pharma Plc. As well as being a director of five other companies, Mr Gatenby is a trustee and director of the Stroke Association.

Information Resources has announced the appointment of **Scott Klein** as president and chief operating officer. Prior to this Mr Klein was president of consumer industries and retail business

for Electronic Data Systems Corporation.

Alltracel Pharmaceuticals Plc, which specialises in medical devices and recently launched the Seal. On range of first aid

products, has appointed a new head of production and logistics. **Ciaran O'Reilly** joins the company on March 1, and has experience as a senior manufacturing executive with Intel Europe and Loctite Europe.

Altruistic puffer fish



The well travelled readers among you, or even those who have seen the film *Charlie's Angels*, will know that puffer fish are toxic beasts.

But there is a caring and sharing side to these fish with a bad reputation. These animals are willing to offer up their nasty poisons to help folk more unfortunate than themselves.

The neurotoxin that makes puffer fish the Russian roulette of sushi is tetrodotoxin and it is this key ingredient that a Canadian company has put into clinical trials.

International Wex Technologies is testing tetrodotoxin for its ability to reduce cancer pain and for treating heroin withdrawal. The phase IIa results in the small trial show that 68 per cent of the patients experienced a reduction in pain.

Senior medical consultant to the company Dr Edward Sellers said: "The identification of a medication that can help these patients who are not responding to current therapy is very promising."

The non-addictive neurotoxin is a sodium channel blocker and the company is looking to exploit its properties for analgesics, drug addiction withdrawal and local anaesthesia.

Bring your own wasabi.

Fish & scripts?

Following our request for details of surreal pharmacy moments, Dave Moore from the Isle of Wight has written in with his unforgettable rota incident.

"It was five to seven and nearly the end of a very quiet, and boring rota. The dispenser, (sorry, should that be technician?) and I were looking forward to going home when the phone rang.

"It was the receptionist from the surgery 100 yards up the road. 'The doctor's with his last patient, a small child. He's going to issue a prescription and asks if you'd mind hanging on,' she inquired. Well, small child? No question. We waited. And waited. And waited.

"At 7.15 we were on the point of giving up and going home when a couple walked in with a small boy in tow. As well as the prescription in question, they also had a carrier bag from which I could detect the faint aroma of acetic acid.

"You were in with the doctor for quite some time," I said to the parents, trying to sound concerned.

"Oh no," came the cheerful reply. "We were in and out in a couple of minutes. We just stopped off at the chippy for our supper on the way over."

It's refreshing to know where patients' priorities lie.



Relieved that all their limbs appear intact are, from the left: David Wilkie, Raynaud's & Scleroderma Association chief executive and founder Anne Mawdsley, Fazakerley Hospital rheumatologist Professor Robert Moots and BBC newsreader Nigel Jay

Swim with sharks raises nearly £8,000

Health Perception's managing director and former Olympic gold medallist David Wilkie donned his goggles to take to shark-infested waters in the name of charity last week.

The sponsored swim at the Blue Planet Aquarium in Ellesmere Port, Cheshire, launched Raynaud's Awareness Month and was in aid of the Snowdrop Appeal. This was formed by the Raynaud's & Scleroderma

Association in memory of 12-year-old Alice Lorenz who died of childhood scleroderma last March.

Mr Wilkie said: "I've always enjoyed diving and have swum in waters with sharks before, but never in such close proximity. It was an exhilarating feeling to be so close to these astonishing creatures and although four of the sharks came to check us out as we were swimming in their sleeping area at no time did we feel in danger."

Anyone interested in the occult?

One of the more obscure e-mails to be sent to *C&D* last week was from a webmaster called James T Monaghan.

"I am creating a web directory, *The-Insight.com*, and would like to include your website *Dotpharmacy.com* under the

'spirituality/occult' category", he wrote, adding that we could set up a reciprocal link on *C&D's* website if the directory would be useful to our readers.

Surely pharmacy could never be considered a dark art in its own right?





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Southern coast of Kos, a few kilometres from Kardemena, the Aegean waters here are warm, inviting and shallow. All rooms are air conditioned and

well-equipped. Watersports include sailing, windsurfing, waterskiing, canoeing and scuba diving, while land-based sport options include a purpose built tennis centre, volleyball, aerobics and football coaching.

The prize is for two adults and one child under 13 (sharing accommodation). Extra adults or children can be added at the prize winner's own cost. The holiday can be taken between May and October 2004 (subject to availability) and includes return flights from Gatwick, Manchester or Stansted, transfers, accommodation for seven nights, all meals including wine with lunch and dinner, sailing and windsurfing tuition and childcare.

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*Source: IMS June